

# VIRGINIA DOMESTIC VIOLENCE VICTIM FUND 2005 QUARTERLY PROGRESS REPORT FORM VICTIMS SERVICES

Program name: \_\_\_\_\_

Grant number: \_\_\_\_\_

**Current reporting period:**

**Report Due Date:**

☐ July 1 - September 30, 2005

October 19, 2005

☐ October 1 - December 31, 2005

January 20, 2006

☐ **2005 Cumulative Annual Report**

January 31, 2006

Position Funded: \_\_\_\_\_

Hours per week: \_\_\_\_\_

**Person Completing Report:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim.

The term **domestic violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner. Domestic violence includes dating violence, which is violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim.

**Stalking** is defined as a course of conduct directed at a specific person that places that person in reasonable fear of the death of, or serious bodily injury to, herself or himself, a member of her/his immediate family, or her/his spouse or intimate partner.

**1. WHAT PERCENTAGES OF YOUR VDVVF GRANT FUNDS WERE DIRECTED TO EACH OF THESE AREAS?**

|                   | % of grant funds |
|-------------------|------------------|
| Sexual assault    |                  |
| Domestic violence |                  |
| Stalking          |                  |
| <b>TOTAL</b>      | <b>100%</b>      |

**2. TRAINING PROVIDED WITH VDVVF PROGRAM GRANT FUNDS**

*Report the total number of training events provided during the current reporting period with VDVVF funds. Do not include staff development training provided to VDVVF grant-funded staff.*

**Total number of training events provided:** \_\_\_\_\_

**3. NUMBER OF PEOPLE TRAINED**

*Report the number of people trained with VDVVF grant funds during the current reporting period. Use the category that is most descriptive of the people attending the training event.*

| People trained   | Number |
|--|--------|
| Attorneys/law students   |        |
| Batterer Intervention Program staff                                    |        |
| Community advocacy organization staff (NAACP, NAMI)                    |        |
| Correction personnel (probation, parole, and correctional facilities)  |        |
| Court personnel (judges, clerks)                                       |        |
| Disability organization staff (non-governmental)                       |        |
| Domestic violence coalition staff (state or tribal)                    |        |
| Domestic violence program staff  |        |
| Elder organization staff (non-governmental)                            |        |
| Faith-based organization staff   |        |
| Government agency staff (vocational rehabilitation, food stamps, TANF) |        |
| Health professionals (doctors, nurses)                                 |        |
| Immigrant organization staff (non-governmental)                        |        |
| Law enforcement officers   |        |
| Legal services staff   |        |
| Mental health professionals  |        |
| Prosecutors  |        |
| Sexual assault forensic examiners                                      |        |
| Social service organization staff                                      |        |
| Sexual assault coalition staff (state or tribal)                       |        |
| Sexual assault program staff   |        |
| Supervised visitation and exchange center staff                        |        |
| Tribal coalition staff   |        |
| Tribal government/Tribal government agency                             |        |
| Tribal sexual assault and/or domestic violence program staff           |        |
| Victim-witness specialists   |        |
| Volunteers   |        |
| Other (specify): _____   |        |
| <b>TOTAL</b>   |        |

#### 4. TRAINING CONTENT AREAS

Indicate all topics covered in training events provided with your VDVVF funds during the current reporting period. Check all that apply.

##### **Sexual Assault, domestic violence, and stalking**

- ☐ Advocate response
- ☐ Child Witnesses
- ☐ Confidentiality
- ☐ Dating violence overview, dynamics & services
- ☐ Mandatory reporting requirements
- ☐ Safety planning for victims/survivors
- ☐ Sexual assault overview, dynamics & services
- ☐ Stalking overview, dynamics & services
- ☐ Supervised visitation & exchange
- ☐ Other (specify): \_\_\_\_\_

##### **Justice system**

- ☐ Civil court procedures
- ☐ Criminal court procedures
- ☐ Domestic violence statutes/codes
- ☐ Firearms & domestic violence
- ☐ Immigration
- ☐ Identification & arrest of predominant aggressor
- ☐ Judicial response
- ☐ Law enforcement response
- ☐ Pro-arrest policies
- ☐ Probation response
- ☐ Prosecution response
- ☐ Protection orders (including full faith & credit)
- ☐ Sexual assault statutes/codes
- ☐ Sexual assault forensic examination
- ☐ Stalking statutes/codes
- ☐ Tribal Jurisdiction & Public Law 280
- ☐ Other (specify): \_\_\_\_\_

##### **Underserved populations**

Issues specific to victims/survivors who:

- ☐ live in rural areas
- ☐ are American Indian or Alaska Native
- ☐ are Asian
- ☐ are black or African-American
- ☐ are disabled
- ☐ are Elderly
- ☐ are Hispanic or Latino
- ☐ are institutionalized or isolated
- ☐ are homeless are living in poverty
- ☐ are immigrants, refugees, or asylum seekers
- ☐ are lesbian, gay, bisexual, transgender or intersex
- ☐ are Native Hawaiian or other Pacific Islander
- ☐ have mental health problems
- ☐ have substance abuse problems
- ☐ Other (specify): \_\_\_\_\_

##### **Community response**

- ☐ Coordinated community response
- ☐ Response teams (DART, DVRT, SART)
- ☐ Technology
- ☐ Equipment
- ☐ Other: \_\_\_\_\_

## 5. COORDINATED COMMUNITY RESPONSE ACTIVITIES FOR THE CURRENT REPORTING PERIOD

*Check the appropriate boxes to indicate the agencies or organizations that you provided victim/survivor referrals to, received victim/survivor referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, during the current reporting period, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period.)*

*Daily = three (3) or more times per week  
Weekly = two (2) or more times per month  
Monthly = six (6) or more times per year*

| Agency/organization   | Victim/survivor referrals, consultations, technical assistance |                          |                          | Meetings                 |                          |                          |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Daily  | Weekly                   | Monthly                  | Weekly                   | Monthly                  | Quarterly                |
| Batterer intervention program                                   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community advocacy organization (NAACP, NAMI)                   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Corrections (probation, parole and correctional facility staff) | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Court   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence organization                                  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Faith-based organization  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health/mental health organization                               | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Law enforcement   | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal services organization                                     | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prosecutor  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault organization                                     | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social service organization                                     | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim/Witness  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify):  | <input type="checkbox"/>                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. TYPES OF PROTOCOLS AND/OR POLICIES DEVELOPED, SUBSTANTIALLY REVISED OR IMPLEMENTED DURING THE CURRENT REPORTING PERIOD** *(Check all that apply.)*

**Victim Services**

- ☐ Appropriate response to underserved populations
- ☐ Appropriate response to victims/survivors who are elderly or have disabilities
- ☐ Confidentiality
- ☐ Mandatory training standards for staff and volunteers
- ☐ Staff, board, and/or volunteers represent the diversity of your service area
- ☐ Victim/survivor informed about Crime Victims Compensation and Victim Impact Statements
- ☐ Other (specify): \_\_\_\_\_

**Law Enforcement**

- ☐ Appropriate response to underserved populations
- ☐ Appropriate response to victims/survivors who are elderly or have disabilities
- ☐ Identifying predominant aggressor/discouraging dual arrest
- ☐ Immediate access to protection order information
- ☐ Mandatory training on sexual assault, domestic violence, and/or stalking
- ☐ No victims/survivors polygraphed
- ☐ No charge to victims/survivors for service of protection orders, warrants, or subpoenas
- ☐ Pro-arrest/mandatory arrest
- ☐ Protection order enforcement *(including full faith and credit)*
- ☐ Providing information to victims/survivors about services
- ☐ Officer involved domestic violence
- ☐ Repeat offender
- ☐ Sexual assault policies
- ☐ Other (specify): \_\_\_\_\_

**Prosecution**

- ☐ Appropriate response to underserved populations
- ☐ Appropriate response to victims/survivors who are elderly or have disabilities
- ☐ Mandatory training on sexual assault, domestic violence, and/or stalking
- ☐ No victims/survivors polygraphed
- ☐ No charge to victims/survivors for any costs related to prosecution of domestic violence offense
- ☐ Vertical prosecution
- ☐ Victim-witness notification
- ☐ Violation of protection orders

**Courts**

- ☐ Accelerated trial schedules
- ☐ Appropriate response to underserved populations
- ☐ Appropriate response to victims/survivors who are elderly or have disabilities
- ☐ Dedicated domestic violence docket
- ☐ Full faith and credit for protection orders
- ☐ Immediate access to obtaining protection orders
- ☐ Judicial monitoring of sexual assault and/or domestic violence offenders
- ☐ Mandatory training on sexual assault, domestic violence, and/or stalking
- ☐ No charge to victims/survivors for any costs related to prosecution of a sexual assault and/or domestic violence offense or to obtaining a protection order
- ☐ Policy against mutual restraining orders
- ☐ Procedures for courtroom security
- ☐ Standard protection order form
- ☐ Other (specify): \_\_\_\_\_

**Probation and parole**

- ☐ Appropriate response for cases involving underserved populations
- ☐ Appropriate response for cases involving victims/survivors who are elderly or have disabilities
- ☐ Mandatory training on sexual assault, domestic violence, and/or stalking
- ☐ Strategies to assist and protect victim/survivor during probation and parole
- ☐ Victim notification
- ☐ Other (specify): \_\_\_\_\_

**Health care**

- ☐ Advocate response to emergency room
- ☐ Appropriate response for underserved populations
- ☐ Appropriate response to victims/survivors who are elderly or have disabilities
- ☐ Forensic exams not billed to victim/survivor
- ☐ Mandatory training on sexual assault, domestic violence, and/or stalking
- ☐ Routine screening and referrals for sexual assault, domestic violence, and/or stalking
- ☐ Other (specify): \_\_\_\_\_

**7. NUMBER OF VICTIMS/SURVIVORS SERVED, PARTIALLY SERVED, AND VICTIMS/SURVIVORS NOT SERVED**

*Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who sought or received services during the current reporting period should be counted only once and in only one of the listed categories. For purposes of this question, victims/survivors are those against whom the sexual assault, domestic violence, and/or stalking was directed. If the victim/survivor experienced more than one victimization, that person should be counted only once under the primary victimization.*

|  | <b>Sexual<br/>assault</b> | <b>Domestic<br/>violence</b> | <b>Stalking</b> |
|--|---------------------------|------------------------------|-----------------|
| <b>A. Served:</b> <i>Victims/survivors who received the service(s) they needed through your DVVF grant</i>   |                           |                              |                 |
| <b>B. Partially served:</b> <i>Victims/survivors who received some service(s), but not all of the services they needed through your DVVF grant</i>                             |                           |                              |                 |
| <b>C. Victims seeking services who were not served:</b><br><i>Victims/survivors who sought services and did not receive the service(s) they needed through your DVVF grant</i> |                           |                              |                 |

## 8. DEMOGRAPHICS of UNDUPLICATED victims served

Provide information on Race/Ethnicity, gender, and age for each victim served. When applicable, using the categories listed under "Other Demographics," indicate information that may pertain to victims you serve.

**Please note that it is NOT necessary to ask victims if they can be classified under each of the categories listed in the "Other Demographics" section.**

|   | Number of victims |
|---|-------------------|
| <b>Race/Ethnicity</b>   |                   |
| Black or African American   |                   |
| American Indian and Alaska Native                                   |                   |
| Asian or Asian American   |                   |
| Native Hawaiian and other Pacific Islander                          |                   |
| Hispanic or Latino  |                   |
| White   |                   |
| More than one race/ethnicity  |                   |
| Unknown   |                   |
| <b>TOTAL RACE/ETHNICITY</b>   |                   |
| <b>Gender</b>   |                   |
| Female  |                   |
| Male  |                   |
| Unknown   |                   |
| <b>TOTAL GENDER</b> (Should equal Total Age and the sum of 7A & 7B) |                   |
| <b>Age</b>  |                   |
| 0-17  |                   |
| 18-24   |                   |
| 25-59   |                   |
| 60+   |                   |
| Unknown   |                   |
| <b>TOTAL AGE</b> (Should equal Total Gender and the sum of 7A & 7B) |                   |
| <b>Other demographics</b>   |                   |
| People with limited English proficiency                             |                   |
| People who are immigrants/refugees/asylum seekers                   |                   |
| People who live in rural areas                                      |                   |
| People with mental/emotional disabilities                           |                   |
| People with physical/medical disabilities                           |                   |
| Lesbian, gay, bisexual, or transgender                              |                   |
| Women at risk (prostitutes, substance abusers, etc.)                |                   |
| College students  |                   |
| Other:  |                   |

## 9. VICTIMS' RELATIONSHIP TO OFFENDER

*If a victim experienced more than one type of victimization, count the victim in all categories that apply, indicating the victim's relationship with each offender.*

| Relationship to offender  | Number of victims/survivors |                   |          |
|---|-----------------------------|-------------------|----------|
|   | Sexual assault              | Domestic violence | Stalking |
| Current <b>or</b> former spouse   |                             |                   |          |
| Intimate partner <b>or</b> shares custody of a child with the offender                |                             |                   |          |
| Other family <b>or</b> household member ( <i>in-law, sibling, grandparent, etc.</i> ) |                             |                   |          |
| Dating relationship   |                             |                   |          |
| Acquaintance ( <i>friend, neighbor, co-worker, schoolmate, etc.</i> )                 |                             |                   |          |
| Stranger  |                             |                   |          |
| Relationship unknown  |                             |                   |          |
| Other ( <i>specify</i> ):   |                             |                   |          |



**10. REASONS THAT VICTIMS/SURVIVORS SEEKING SERVICES WERE NOT SERVED OR WERE PARTIALLY SERVED** *(Check all that apply.)*

|                          | Reasons not served or partially served   |
|--------------------------|--|
| <input type="checkbox"/> | Program reached capacity   |
| <input type="checkbox"/> | Need not documented  |
| <input type="checkbox"/> | Did not meet eligibility or statutory requirements                                       |
| <input type="checkbox"/> | Program rules not acceptable to victim/survivor  |
| <input type="checkbox"/> | Services not appropriate for victim/survivor   |
| <input type="checkbox"/> | Transportation problems  |
| <input type="checkbox"/> | Conflict of interest   |
| <input type="checkbox"/> | Services inappropriate or inadequate for victims/survivors with substance abuse problems |
| <input type="checkbox"/> | Services inappropriate or inadequate for victims/survivors with mental health problems   |
| <input type="checkbox"/> | Services not available for victims/survivors accompanied by male adolescents             |
| <input type="checkbox"/> | Inadequate language capacity (including sign language)                                   |
| <input type="checkbox"/> | Insufficient/lack of culturally appropriate services                                     |
| <input type="checkbox"/> | Insufficient/lack of services for people with disabilities                               |
| <input type="checkbox"/> | Geographic or other isolation of victim/survivor   |
| <input type="checkbox"/> | Hours of operation   |
| <input type="checkbox"/> | Unable to contact for follow-up  |
| <input type="checkbox"/> | Other <i>(specify)</i> : _____   |

## 11. VICTIM SERVICES PROVIDED

Report the number of victims/survivors provided with the following services. Count a victim/survivor **once** for each type of service received during the current grant year.

| Type of service  | Number of victims/survivors |
|--|-----------------------------|
| <b>Hotline calls</b> <i>Crisis or information and referral calls received by an agency's hotline or office telephone</i>   |                             |
| <b>Crisis intervention</b> <i>Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report only crisis intervention that occurs in person</i>                            |                             |
| <b>Hospital response</b> <i>Accompanying or meeting a victim/survivor at the hospital, usually for a forensic exam</i>   |                             |
| <b>Counseling/support group</b> <i>Individual or group counseling or support provided by a volunteer, peer, or professional</i>  |                             |
| <b>Criminal justice advocacy/Court accompaniment</b> <i>Assisting a victim/survivor with criminal legal issues including preparing paperwork such as victim impact statements; accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system</i> |                             |
| <b>Civil legal advocacy/court accompaniment</b> <i>Assisting a victim/survivor with legal issues including preparing paperwork for protection orders; accompanying a victim/survivor to a protection order hearing or other civil proceeding; and all other advocacy within the civil justice system</i>                                 |                             |
| <b>Civil legal assistance</b> <i>Civil legal services provided by an attorney</i>  |                             |
| <b>Victim witness notification</b> <i>Notifying victims/survivors of case status, hearing dates, providing information regarding criminal process</i>  |                             |
| <b>Victim/survivor advocacy</b> <i>Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim's compensation, etc.</i>  |                             |
| <b>Other (specify):</b> _____  |                             |

## 12. CIVIL LEGAL ASSISTANCE

Report the number of victims/survivors who received assistance with the following matters. Count a victim/survivor **once** for each type of service received during the current grant year.

| Service Provided     | Domestic Violence | Sexual Assault | Stalking |
|----------------------|-------------------|----------------|----------|
| Protective Orders    |                   |                |          |
| Custody              |                   |                |          |
| Divorce              |                   |                |          |
| Child Support        |                   |                |          |
| Immigration Services |                   |                |          |
| Other                |                   |                |          |

## 13. SHELTER SERVICES

Report the number of victims/survivors and accompanying family members who received emergency shelter and/or transitional housing provided with DVVF funds during the current reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim/survivor and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed days provided in emergency shelter and/or transitional housing to victims/survivors and family members. Bed days are determined by multiplying the total number of nights each victim/survivor and family member stays in a shelter by the number of victims/survivors and family members served.

| Shelter service      | Number of victims/survivors | Number of family members | Number of bed days |
|----------------------|-----------------------------|--------------------------|--------------------|
| Emergency shelter    |                             |                          |                    |
| Transitional housing |                             |                          |                    |

## 14. PROTECTION ORDERS

Report the total number of emergency, preliminary, and/or final protection orders requested and granted for which DVVF-funded victim services staff provided assistance to victims/survivors during the current reporting period.

|                                       | Emergency/preliminary protection orders | Final protection orders |
|---------------------------------------|---|-------------------------|
| Number of protection orders requested |   |                         |
| Number of protection orders granted   |   |                         |

## 15. NARRATIVE

All grantees must answer all narrative questions.

1. **List objectives, performance measures, and progress this quarter.** This can be done in chart form. Evaluate (analyze and discuss) the impact of your project. Two pages maximum.
2. **Case study.** For projects working directly with victims, describe a significant case from the quarter, e.g. one that required a significant amount of staff time or had a significant impact on your community. One/two paragraphs maximum.
3. **Copies of materials developed.** Send copies of brochures, training manuals, curricula that were developed by VDVVF-funded staff this quarter.
4. **Media Coverage.** Specify the type and date of coverage, e.g. WCVE television interview with VDVVF staff regarding Sexual Assault Awareness Month activities. If sending news clippings, copy on 8 ½ x11 paper. Three (3) clippings maximum.
5. **Training Events.** List the training events, dates, location, and VDVVF-funded staff attended the event.
6. **What do you see as the most significant areas of remaining need or obstacles encountered with regard to increasing victim/survivor safety and offender accountability?** Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges & barriers to your jurisdiction. One/two paragraphs maximum.
7. **Provide any additional information that you would like us to know about your VDVVF Project, the effectiveness of your grant, and/or any technical assistance/training needs.** If you have not already done so elsewhere on this form, feel free to discuss any of the following: institutionalization of staff positions, policies, and/or protocols; systems-level changes; community collaboration; the removal or reduction of barriers and challenges for victims/survivors; utilization of volunteers and/or interns to complete activities; promising practices; and positive or negative unintended consequences. **For issues that require an immediate response, please call or e-mail your monitor.** One/two paragraphs maximum.

### **FINAL (CUMULATIVE) NARRATIVE ONLY**

**What has VDVVF funding allowed you to do that you could not do prior to receiving this funding?** For example, expand coordination and cross-referrals with other programs/agencies, outreach to a specific underserved population, etc. One/two paragraphs maximum.